

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/590788

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| 8 | | ① | | | | |
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| TOTAL IND. | 1 | ↓ | 3 | ↓ | 0 | ↓ |
| TOTAL DEP. | 10 | ← | 11 | ← | 0 | ← |
| TOTAL CLAIMS | 11 | | 14 | | 0 | |

| | AS FILED | | AFTER 1 st AMENDMENT | | AFTER 2 nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 0 | ↓ | 0 | ↓ | 0 | ↓ |
| TOTAL DEP. | 0 | ← | 0 | ← | 0 | ← |
| TOTAL CLAIMS | 0 | | 0 | | 0 | |